

# Language Academy

## Volunteer Application

### 2025-2026

*Please note that San Diego Unified School District now requires all field trip chaperones to complete and receive approval from Live Scan prior to chaperoning. If you are interested in chaperoning, we encourage you to begin this process as soon as possible to ensure eligibility for upcoming trips.*

All completed applications will be processed on **THURSDAY'S ONLY**. Please allow up to two weeks for processing.

**Applications will not be accepted until all items listed are attached:**

- o Volunteer Application
- o Volunteer Code of Conduct
- o TB test
- o Copy of Government Issued Identification
- o *\*Live Scan Form\**

Applicant full name: \_\_\_\_\_

Applicant email: \_\_\_\_\_

(Please Print Clearly)

# Language Academy

## Aplicación para Voluntario

### 2025-2026

*Porfavor Note: Tenga en cuenta que el Distrito Escolar Unificado de San Diego ahora exige que todos los acompañantes de excursiones escolares completen y reciban la aprobación de Live Scan antes de ejercer como acompañantes. Si le interesa ser acompañante, le recomendamos que inicie este proceso lo antes posible para garantizar su elegibilidad para las próximas excursiones. Toda aplicación completa sera processada SOLAMENTE LOS JUEVES. Favor de permitir hasta 2 semanas para que se procese.*

*Las aplicaciones no seran aceptadas hasta que estos documentos estan juntos:*

- o Aplicación de Voluntario**
- o Codigo de Conducta para Voluntario**
- o Prueba de TB (Tuberculosis)**
- o Identificación / Licencia de Manejo**
- o \*Live Scan\***

Nombre del Apicante: \_\_\_\_\_

Correo Electronico: \_\_\_\_\_

(Favor de Escribir Claramente)



## Language Academy

San Diego Unified School District

619-860-5150 | [languageacademy@sandi.net](mailto:languageacademy@sandi.net)

Dear Future Volunteers,

Our Volunteers are very important to our school. As listed in the previous page, these items are required to volunteer **every year**:

- All volunteers must fill out the application fully and sign the Code of Conduct.
- Must be able to present an original form of current government issued photo ID. That includes license, passport, State ID and/or any other form of government identification as we do run background checks for security reasons.
- A valid TB test (skin and blood tests are valid for up to 4 years and chest x-rays are good for up to 7) or have the Risk Assessment page of the packet signed by a Nurse or a Health Care Provider.
- If you are planning on chaperoning for a field trip, please submit the Live Scan form.

Please allow up to two weeks to process applications.

Any and all questions regarding Volunteering can be sent to [languageacademy@sandi.net](mailto:languageacademy@sandi.net).

Estimados futuros voluntarios,

Los Voluntarios son muy importantes para nosotros y la escuela. Como en la página anterior aquí está una lista de los documentos necesarios para aplicar **cada año escolar**:

- Todos los deben llenar la paquetilla entera y firmar el Código de Conducta
- Se requiere una forma de identificación original repartida por el gobierno que tenga foto. Esto incluye una licencia de manejo, pasaporte, identificación estatal, etc. Son necesarias ya que hacemos verificación de antecedentes para cada aplicante por razones de seguridad.
- Prueba de tuberculosis válida (Pruebas de piel/sangre son válidas por 4 años y los rayos x de pecho son válidas por 7 años) o tener la sección de Evaluación de Riesgos firmada por una enfermera o su médico profesional.
- Si está planeando acompañar a un niño en una excursión, envíe el formulario Live Scan.

Favor de permitir hasta dos semanas para que se procese.

Todas las preguntas y dudas sobre Voluntarios pueden ser mandadas a [languageacademy@sandi.net](mailto:languageacademy@sandi.net)

4961 64th Street, San Diego, CA 92115

<https://languageacademy.sandiegounified.org>





# SDUSD Category D Volunteer (Field Trip Chaperone) Screening Steps for Volunteers

1. Complete the [Volunteer Application](#)
2. School staff check TB and Megan's Law clearance (Category B only)
3. Download or pick up the following forms from the office:
  - a. SDUSD [Request for Background Check](#) (Category C only)
    - i. Make sure to check "Yes" or "No" for the compensation question
  - b. DOJ [Request for LiveScan Service](#) (BCIA form, Category D) form, along with
  - c. the list of [LiveScan locations](#)
4. Take the BCIA form to have the LiveScan completed, and receive an ATI# on their BCIA form
5. Bring the forms back to the school site or email them to the volunteer coordinator; school staff keeps a copy of both forms with the volunteer paperwork
6. School staff submits the Volunteer Background Check paperwork to the District, which requires
  - a. The BCIA LiveScan form with ATI#
  - b. The SDUSD Request for Background Check form signed by the Principal
  - c. Copy of a State issued ID or Driver License (cannot be passport or military ID)
  - d. TB clearance
7. District School Police run the background check
8. District HR receives the LiveScan results
9. Family Engagement notifies school sites that volunteers are cleared.

**2023-2024 VOLUNTEER SCREENING QUICK FACTS**

<p style="text-align: center;"><b>CATEGORY A</b></p> <ul style="list-style-type: none"> <li>• Visitor or guest for one-time event</li> <li>• No unsupervised exposure or contact with students</li> </ul> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Read Across America guest reader</li> <li>• Principal for a Day participant</li> <li>• Guest/resource speaker or classroom presentation</li> <li>• Senior exhibition panel member</li> <li>• One-time volunteer for school/classroom event</li> <li>• Parents eating lunch with their child</li> <li>• Parents participating in parent involvement activity such as "Family Friday"</li> </ul> <p><b>Screening Requirements:</b></p> <ul style="list-style-type: none"> <li>• Sponsored or approved by site or district employee</li> <li>• Show ID to site</li> <li>• Sign in at site</li> <li>• Wear name badge on site</li> </ul> <p style="text-align: center; border: 1px solid red; padding: 2px;"><b>Submit to School Site</b></p>	<p style="text-align: center;"><b>CATEGORY B</b></p> <ul style="list-style-type: none"> <li>• Group exposure with direct staff supervision</li> <li>• Classroom exposure supervised by district staff</li> <li>• Open/public settings/classrooms where staff/adults can observe at all times</li> <li>• Always within unobstructed view</li> <li>• No solitary time with students</li> </ul> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Classroom assistance, tutoring or reading</li> <li>• School police parent patrol volunteers</li> <li>• Non-classroom volunteers (office, PTA, SSC, Foundation)</li> </ul> <p><b>Screening Requirements:</b></p> <ul style="list-style-type: none"> <li>• Sponsored or approved by site or district employee</li> <li>• Show ID to site</li> <li>• Sign in at site</li> <li>• Wear name badge on site</li> <li>• Submit district school volunteer application</li> <li>• Megan's Law Database check (done by site staff)</li> <li>• Obtain TB clearance</li> </ul> <p style="text-align: center; border: 1px solid red; padding: 2px;"><b>Submit to School Site</b></p>
<p style="text-align: center;"><b>CATEGORY C</b></p> <ul style="list-style-type: none"> <li>• Unsupervised time with students only while on district property <b>with</b> district personnel on site</li> <li>• Time with student(s) in areas outside of classroom where staff/adults can observe most times</li> <li>• Occasional short periods of solitary time with students and short duration of obstructed view</li> </ul> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• On-site tutoring outside of the classroom (i.e., OASIS tutoring program, Cal-SOAP)</li> </ul> <p><b>Screening Requirements:</b></p> <ul style="list-style-type: none"> <li>• Sponsored or approved by site or district employee</li> <li>• Show ID to site</li> <li>• Sign in at site</li> <li>• Wear name badge on site</li> <li>• Submit district school volunteer application</li> <li>• Category C Background Check (done by SDUSD Police Services)</li> <li>• Obtain TB clearance</li> </ul> <p style="text-align: center; border: 1px solid red; padding: 2px;"><b>Submit to Human Resource Services</b></p>	<p style="text-align: center;"><b>CATEGORY D</b></p> <ul style="list-style-type: none"> <li>• Unrestricted exposure/unsupervised interaction with students</li> <li>• Off-campus setting and unsupervised solitary time</li> </ul> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Volunteer walk-on coaches</li> <li>• Senior high support personnel for athletics</li> <li>• Offsite tutoring/mentoring</li> <li>• Overnight chaperones</li> </ul> <p><b>Screening Requirements:</b></p> <ul style="list-style-type: none"> <li>• Sponsored or approved by site or district employee</li> <li>• Show ID when on site</li> <li>• Sign in when on site</li> <li>• Wear name badge when on site</li> <li>• Submit district school volunteer application</li> <li>• Category D Background Check - DOJ &amp; FBI Fingerprint clearance; returning Category D volunteers submit Category C Background Request to keep clearance current - do not need to reprint)</li> <li>• Obtain TB clearance</li> </ul> <p style="text-align: center; border: 1px solid red; padding: 2px;"><b>Submit to Human Resource Services</b></p>



# San Diego Unified School District

## REQUEST TO CONDUCT VOLUNTEER SCREENING

(Please check the appropriate request)

This form **MUST** be signed by School Principal.

- CATEGORY C – CRIMINAL BACKGROUND CHECK
- RETURNING CATEGORY D VOLUNTEER - CRIMINAL BACKGROUND CHECK
- CATEGORY D VOLUNTEER - FINGERPRINT

Date: \_\_\_\_\_ Requesting School: \_\_\_\_\_ Loc Number: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_  
First Name Full Middle Name Last Name

List any other names used in the past: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
Month Day Year

Driver's license #: \_\_\_\_\_ State issued: \_\_\_\_\_

Other Gov. Issued ID type (if no driver's license): \_\_\_\_\_ ID # \_\_\_\_\_

(Please note: By recommendation from the Department of Justice, Mexico identification and voter registration cards may not be used to conduct background checks or fingerprinting. U.S. social security cards and birth certificates without an accompanying U.S. driver's license are also not recognized.)

Please indicate whether you are a **new** or **returning** volunteer:  New  Returning

Are you a volunteer at another SDUSD school?  YES  NO

If yes, please list the school(s): \_\_\_\_\_

**Parents:** please list the name(s) of your student(s): \_\_\_\_\_

Please check volunteer activity:  On-site tutor outside of classroom (Cat C)  Overnight field trip chaperone (CatD)  
 Walk-on coach/Athletic Support (Cat D)  Other \_\_\_\_\_

Are you being **compensated** for your services?  YES  NO

Principal acknowledges hiring of individual above at their site.

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For SDUSD School Police Services office use only:**

Ok to volunteer  Deny as volunteer

By: \_\_\_\_\_ Date: \_\_\_\_\_  
SDUSD School Police Services

**School volunteer coordinators: Please check that form is complete. Incomplete forms will be returned to the school.**

### CATEGORY C VOLUNTEER BACKGROUND REQUEST:

Send completed form to: [verifications@sandi.net](mailto:verifications@sandi.net)

### CATEGORY D VOLUNTEER FINGERPRINT REQUEST:

**Email [verifications@sandi.net](mailto:verifications@sandi.net) for information related to category D volunteers. Livescan/ Fingerprinting services are not available at this time.**

Results will **normally** be returned to the school site volunteer coordinator within **2 weeks** of the date of fingerprinting. Please Note: poor quality fingerprints or the need to research information on an applicant's background may result in a delay of results from the Department of Justice.

SCHOOL YEAR: \_\_\_\_\_

**SAN DIEGO UNIFIED SCHOOL DISTRICT  
SCHOOL VOLUNTEER APPLICATION**

DATE \_\_\_\_\_ DISTRICT SPONSOR \_\_\_\_\_ SCHOOL \_\_\_\_\_

FULL NAME \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(STREET) (CITY) (ZIP) MO/DAY/YR

Gov Issued ID Type \_\_\_\_\_

HOME PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_ ID# \_\_\_\_\_

NOTIFY IN CASE OF EMERGENCY \_\_\_\_\_  
(NAME) (PHONE)

CURRENT EMPLOYMENT \_\_\_\_\_  
(EMPLOYER'S NAME) (ADDRESS) (PHONE)

VOLUNTEER EXPERIENCE \_\_\_\_\_

PERSONAL REFERENCE \_\_\_\_\_  
(NAME) (ADDRESS) (PHONE)

Please check whether you are a new or returning SDUSD volunteer, \_\_\_New \_\_\_Returning

Are you also a volunteer at another SDUSD school? \_\_\_YES \_\_\_NO

If yes, please indicate the school(s): \_\_\_\_\_

Do you have any criminal charges pending against you? \_\_\_YES \_\_\_NO

Have you ever been convicted\* of a felony or misdemeanor? \_\_\_YES \_\_\_NO

Have you ever been convicted\* of a sex, drug or weapon related offense? \_\_\_YES \_\_\_NO

Are you required to register as a sex offender under Penal Code 290.95? \_\_\_YES \_\_\_NO

\*Conviction includes a finding of guilty by a court in a trial with or without a jury or a plea or verdict of guilty.

If "YES," please explain: \_\_\_\_\_

Parent Volunteers: Please check whether you plan to drive \_\_\_YES \_\_\_NO  
for a field trip during the school year,

Please list the name(s) of your child(ren): \_\_\_\_\_

For security reasons, a background check will be conducted by school site staff and/or SDUSD School Police Services. Volunteer assignments may be terminated if service is unsatisfactory or no longer needed by the school district. You may not volunteer if you are required to register as a sex offender under California law.

I give my permission to have my personal and professional references researched and hold the district and any individuals providing the district with information harmless. By signing my name below, I declare under penalty of perjury, that all the information on this application is true and correct. I also declare that I have read and agree to follow the "Volunteer Code of Conduct."

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY VOLUNTEER COORDINATOR:**

TB test completed (Date): \_\_\_\_\_

Volunteer category (check appropriate box and indicate date cleared):

Category B ◆ Megan's Law database check - cleared \_\_\_\_\_

Category C ◆ SDUSD School Police background check - cleared \_\_\_\_\_

Category D ◆ Fingerprinting - cleared \_\_\_\_\_

Type of volunteer (check if appropriate):

\_\_\_ Parent \_\_\_ OASIS Volunteer  
\_\_\_ Community \_\_\_ Rolling Reader/EAR \_\_\_ CalWORKS  
\_\_\_ Partner \_\_\_ College Student \_\_\_ Other \_\_\_\_\_

Volunteer service ended (date): \_\_\_\_\_

Reason for leaving:

\_\_\_ Child no longer at school  
\_\_\_ Moved \_\_\_ Illness  
\_\_\_ Employment \_\_\_ Requested to Leave  
\_\_\_ Other: \_\_\_\_\_

VOLUNTEER APPLICATIONS SHOULD BE FILED AT THE SCHOOL SITE WITH TB AND BACKGROUND CLEARANCE DOCUMENTATION AND SAVED FOR 3 YEARS



**VOLUNTEER CODE OF CONDUCT**

(This document defines the district's expectations for all school volunteers.)

**As a volunteer, I agree to abide by the following code of volunteer conduct:**

1. Immediately upon arrival, I will sign in at the main office or the designated sign-in station.
2. I will wear or show volunteer identification whenever required by the school to do so.
3. I will use only adult bathroom facilities.
4. I agree to never be alone with individual students who are not under the supervision of teachers or school authorities.
5. I will not contact students outside of school hours without permission from the students' parents.
6. I agree not to exchange telephone numbers, home addresses, e-mail addresses or any other home directory information with students for any purpose unless it is required as part of my role as a volunteer. I will exchange home directory information only with parental and administrative approval.
7. I will maintain confidentiality outside of school and will share with teachers and/or school administrators **any** concerns that I may have related to student welfare and/or safety.
8. I agree to not transport students without the written permission of parents or guardians or without the expressed permission of the school or district and will abide by District Administrative Procedure# 4586 when transporting students.
9. I will not disclose, use, or disseminate student photographs or personal information about students, self, or others.
10. I agree to follow all COVID 19 health and safety protocol as established by the school sites.
11. I agree to notify the school principal if I am arrested for a misdemeanor or felony sex, drug or weapon related offense.
12. I agree only to do what is in the best personal and educational interest of every child with whom I come into contact.

**I agree to follow the Volunteer Code of Conduct at all times or cease volunteering immediately.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

Revised: August 2023

SCHOOL YEAR: \_\_\_\_\_

# DISTRITO ESCOLAR UNIFICADO DE SAN DIEGO SOLICITUD PARA PRESTAR SERVICIOS COMO VOLUNTARIO

FECHA: \_\_\_\_\_ PROPONENTE DEL DISTRITO \_\_\_\_\_ ESCUELA: \_\_\_\_\_

NOMBRE COMPLETO \_\_\_\_\_  
(Primer Nombre) (Segundo Nombre) (Apellido)

DOMICILIO \_\_\_\_\_ PECHA DE NAC. \_\_\_\_\_  
(Numero y Calle) (Ciudad) (C. Postal) Mes/Día/Año

TELEFONO \_\_\_\_\_ Tipo de identificación Expedida por el Gobierno \_\_\_\_\_  
DE CASA \_\_\_\_\_ EMAIL \_\_\_\_\_ Numero de identificación \_\_\_\_\_

EN CASO DE EMERGENCIA NOTIFICAR A: \_\_\_\_\_  
(Nombre) (Teléfono)

EMPLEO ACTUAL \_\_\_\_\_  
(Nombre del empleador) (Domicilio) (Teléfono)

EXPERIENCIA COMO VOLUNTARIO \_\_\_\_\_

REFERENCIA PERSONAL \_\_\_\_\_  
(Nombre) (Domicilio) (Teléfono)

Favor de indicar si usted es un voluntario nuevo o que continua en SDUSD. \_\_\_\_\_ Nuevo \_\_\_\_\_ Continúo

¿Es usted también voluntario en otra escuela de SDUSD? \_\_\_\_\_ SI \_\_\_\_\_ NO

De ser así, favor de indicar la(s) escuela(s): \_\_\_\_\_

¿Tiene usted algún delito penal pendiente? \_\_\_\_\_ SI \_\_\_\_\_ NO

¿Alguna vez ha sido consignado\* por un delito o delito menor? \_\_\_\_\_ SI \_\_\_\_\_ NO

¿Alguna vez ha sido consignado\* por delitos sexuales, drogas o portación de armas? \_\_\_\_\_ SI \_\_\_\_\_ NO

¿Le exige el Código Penal 290.95 que se registre como delincuente sexual? \_\_\_\_\_ SI \_\_\_\_\_ NO

\*La consignación incluye el fallo de culpabilidad de un tribunal con o sin jurado o petición de amparo o culpabilidad

Si contesta "SI" favor de explicar: \_\_\_\_\_

Padres Voluntarios: Favor de indicar si piensa conducir un auto para un paseo educativo durante el ciclo escolar. \_\_\_\_\_ SI \_\_\_\_\_ NO

Por favor apunte los nombres de sus hijos:

Por razones de seguridad, se verificarán los antecedentes por conducto del personal del plantel y/o por el Departamento de Policía Escolar de SDUSD. El trabajo de un voluntario puede terminarse si el servicio es insatisfactorio o si el distrito escolar ya no lo necesita. Usted no puede trabajar como voluntario si debe registrarse como delincuente sexual de acuerdo a la ley de California.

Doy permiso de que se investiguen mis referencias personales y profesionales y no culpare al distrito ni a ningún individuo que de al distrito información sobre mi persona. Al firmar a continuación, declaro bajo pena de perjurio, que toda la información de esta solicitud es verdadera y correcta. También declaro que he leído y estoy de acuerdo con seguir el "Código de Conducta de los Voluntarios".

Firma del Voluntario: \_\_\_\_\_ Fecha \_\_\_\_\_

### TO BE COMPLETED BY VOLUNTEER COORDINATOR:

TB test completed (Date): \_\_\_\_\_

Volunteer category (check appropriate box and indicate date cleared):

- Category B ◆ Megan's Law database check - cleared \_\_\_\_\_
- Category C ◆ SDUSD School Police background check - cleared \_\_\_\_\_
- Category D ◆ Fingerprinting - cleared \_\_\_\_\_

Type of volunteer (check if appropriate):

- Parent  OASIS Volunteer
- Community  Rolling Reader/EAR  CalWORKS
- Partner  College Student  Other \_\_\_\_\_

Volunteer service ended (date): \_\_\_\_\_

Reason for leaving:

- Child no longer at school
- Moved  Illness
- Employment  Requested to Leave
- Other: \_\_\_\_\_

VOLUNTEER APPLICATIONS SHOULD BE FILED AT THE SCHOOL SITE WITH TB AND BACKGROUND CLEARANCE DOCUMENTATION AND SAVED FOR 3 YEARS.

## **CODIGO DE CONDUCTA PARA VOLUNTARIOS**

(Este documento define las expectativas de! Distrito para los voluntarios en las escuelas)

**Como voluntario/a, estoy de acuerdo que debo acatar el código de conducta para voluntarios siguiente:**

- I. Inmediatamente después de llegar, firmare en la oficina principal de la escuela o en el lugar designado para firmar, el ingreso a la escuela.
2. Portare o mostrare mi identificación como voluntario/a cuando la escuela lo requiera.
3. Solo utilizare los baños para adultos.
4. Estoy enterado/a que nunca debo estar solo con algt.in alumna/a individual, que no este bajo la supervisión de los maestros o funcionarios de la escuela.
5. No estableceré contacto con alumnos fuera del horario de clase sin el permiso de los padres.
6. Estoy de acuerdo en no intercambiar números de teléfono, domicilios, e-mail u otra información del domicilio con los alumnos para cualquier propósito a menos que se requiera como parte de la función de voluntario/a. Intercambiare la información de! domicilio solo con la aprobación de los padres y de la administración escolar.
7. Mantendré la confidencialidad fuera de la escuela y compartiré con los maestros y/o administradores de la escuela, **cualesquier** inquietud o preocupación que tenga, relacionada con el bienestar y/o seguridad estudiantil.
8. Estoy de acuerdo en no transportar alumnos sin el permiso escrito de los padres o tutores o sin el permiso expreso de la escuela o del distrito y acatare el Procedimiento Administrativo del Distrito # 4586, cuando transporte a alumnos.
9. No divulgare, usare o distribuiré fotografías o información personal de los alumnos, de mi mismo/a o de otros.
10. Acepto seguir todos los protocolos de salud y seguridad de COVID 19 establecidos por los sitios escolares
11. Estoy de acuerdo en notificar al Director de la escuela si me detienen por algt.in delito menor, o delitos sexuales, de drogas o portación de armas.
12. Estoy de acuerdo en hacer lo que sea en el mejor interés personal y educativo de cada niño/a con el que tenga contacto.

**Estoy de acuerdo en observar y acatar el Código de Conducta para Voluntarios en todo momento o finiquitar el trabajo como voluntario/a inmediatamente.**

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Nombre

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Firma

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Fecha Número de teléfono

## Adult Tuberculosis (TB) Risk Assessment Questionnaire

*Must be administered by a licensed health care provider (physician, physician assistant, nurse, nurse practitioner)*

Employee Name: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Risk Assessment: \_\_\_\_\_

History of positive TB test or TB disease  Yes  No

If yes, a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire,

If there is a "Yes" response to any of the questions #1-5 below, then a tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) should be performed, A positive test should be followed by a chest x-ray, and if normal, treatment for TB infection considered,

Risk Factors	
1. One or more signs and symptoms of TB (prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue) Note: A chest x-ray and/or sputum examination may be necessary to rule out infectious TB	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Close contact with someone with infectious TB disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Foreign-born person <small>(Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Traveler to high TB-prevalence country for more than 1 month <small>(Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Current or former resident or employee of correctional facility, long-term care facility, hospital, or homeless shelter	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Adult Tuberculosis (TB) Risk Assessment Questionnaire Certificate of Completion

*(Must be signed by the health care provider completing the risk assessment and/or examination)*

*The above named patient has submitted to a tuberculosis risk assessment, and if tuberculosis risk factors were identified has been examined and determined to be free of infectious tuberculosis.*

\_\_\_\_\_  
Health Care Provider Signature Date

\_\_\_\_\_  
Health Care Provider Name Physician License Number

\_\_\_\_\_  
Office Address: Street City State Zip Code

\_\_\_\_\_  
Telephone Fax



# REQUEST FOR LIVE SCAN SERVICE (Public Schools or Joint Powers Agencies)

## Applicant Submission

ORI: CA0372100 Type of Applicant:  Classified School Employee  Credentialed School Employee  
Code assigned by DOJ

### The following selections are for Public Schools only:

License, Certification, Permit  Peace Officer  Law Enforcement Officer  Volunteer

Type of License/Certification/Permit OR Working Title: Volunteer  
(Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

San Diego Unified School District  
Agency Authorized to Receive Criminal Record Information  
4100 Normal Street  
Street Address or P.O. Box  
San Diego CA 92103  
City State ZIP Code

03257  
Mail Code (five-digit code assigned by DOJ)  
Human Resources/ LiveScan  
Contact Name (mandatory for all school submissions)  
(619) 725-8089  
Contact Telephone Number

### Applicant Information:

Last Name  
Other Name (AKA or Alias) Last  
Date of Birth Sex  Male  Female  
Height Weight Eye Color Hair Color  
Place of Birth (State or Country) Social Security Number  
Home Address Street Address or P.O. Box

First Name Middle Initial Suffix  
First Suffix  
Driver's License Number  
Billing Number (Agency Billing Number)  
Misc. Number (Other Identification Number)  
City State ZIP Code

Your Number: N/A  
(OCA Number (Agency Identifying Number))

Level of Service:  DOJ  FBI

If re-submission, list original ATI number:  
(Must provide proof of rejection) Original ATI Number

### Live Scan Transaction Completed By:

Name of Operator Date  
Transmitting Agency LSID ATI Number Amount Collected/Billed



### Volunteer Live Scan Locations

We are grateful for your dedication to serving our students and community!

Please carefully review this information sheet to schedule your fingerprinting appointment with a local vendor. For Category D volunteers, you cannot begin volunteering until your fingerprints have cleared and you have received positive confirmation. At this time the San Diego Unified School District is not conducting live scan background checks (Category D) for volunteers.

**Before you go:**

- **Volunteers are required to pay BOTH fees to the fingerprint operator (rolling fees) and the state and federal fees.** When you make your appointment with a local vendor, please also confirm the acceptable forms of payment.
- Government fees are required for the State (DOJ) and Federal (FBI) level criminal history record checks. Additional fees may also be required (e.g., license or certification fees). For a list of current fee charges, please go to [Applicant Fingerprint Processing Fees](#)
- Rolling fees vary from location to location and cover only the operator's cost for rolling the fingerprint images. **Your total fees may range and can possibly start around \$80 and beyond, varies per location.**
- Applicants must present valid photo identification to the Live Scan Operator. Expired identification will not be accepted.
- You must present San Diego Unified School District's [Request for Live Scan Service Form](#) (*Public Schools or Joint Powers Agencies*) to the Live Scan Operator at the time of your appointment; if you forget the form, they will not be able to process your fingerprinting appointment.
- Below is a list of recommended locations however if you find a more suitable location that conducts **BOTH DOJ and FBI** background checks you are not limited to the locations below.

Fingerprint Operator Location & Contact Information	Hours of Operation	Forms of Payment Accepted at this location
Mail & Parcels Plus 4364 Bonita Road Bonita, CA 91902 (619) 470-4008 <a href="mailto:mppbonita@aol.com">mppbonita@aol.com</a>	Saturday Walk-ins 9:00 am to 4:00 pm Weekdays Walk-ins 8:00 am to 6:00 pm	<ul style="list-style-type: none"> <li>• Cash</li> <li>• Credit cards</li> <li>• Debit Cards</li> </ul>
Certifix Live Scan dbw The UPS Store 6965 El Camino Real. #105 Carlsbad, CA 92009 1 (760) 666-3419 <a href="mailto:info@certifixlivescan.com">info@certifixlivescan.com</a>	Weekdays Walk-ins & Appointments 9:00 am to 6:00 pm Saturday Walk-ins & Appointments 9:00 am to 5:00 pm	<ul style="list-style-type: none"> <li>• Cash Only</li> </ul>

*Attention: Please call ahead to ensure appointment availability. Do not enter any live scan facility if you have any COVID-19 symptoms (fever, cough, trouble breathing, etc.), are awaiting the results of a COVID-19 test, or have been advised to self-quarantine.*



## Live Scan Referral Information

<p>Certifix Live Scan dbw The UPS Store 11835 Carmel Mountain Road #1304 Carmel Mountain, CA 92128 1 (858) 304-8219 <a href="mailto:info@certifixlivescan.com">info@certifixlivescan.com</a></p>	<p>Weekdays Walk-ins 9:00 am to 5:30 pm Saturday Walk-ins 9:00 am to 4:00 pm</p>	<ul style="list-style-type: none"> <li>• Cash</li> <li>• Checks</li> <li>• Credit Cards</li> <li>• Debit Cards</li> <li>• Money Order</li> </ul>
<p>AD Livescan &amp; Notary Services South 807 Anchorage Place Suite #1 Chula Vista, CA 91914 (619) 348-3125 <a href="mailto:southbay@adlivescan.com">southbay@adlivescan.com</a> Mobile services are available</p>	<p>Weekdays Walk-ins &amp; Appointments 9:00 am to 6:00 pm Saturday Walk-ins &amp; Appointments 10:00 am to 2:00 pm Sunday (Closed however mobile appointment for extra fee)  Walk-Ins arrive an hour before close</p>	<ul style="list-style-type: none"> <li>• Cash</li> <li>• Credit Cards</li> </ul>
<p>Postal Annex #188 2220 Otay Lakes Road Suite #502 Chula Vista, CA 91915 (619) 656-8484 <a href="mailto:pa188@postalannex.com">pa188@postalannex.com</a> website: postalannexeastlake.com</p>	<p>Saturday Walk-ins 9:00 am to 3:45 pm Weekdays Walk-ins 8:30 am to 5:45 pm  Last walk-in 15 mins before close</p>	<ul style="list-style-type: none"> <li>• Cash</li> <li>• Credit Cards</li> <li>• Debit Cards</li> </ul>
<p>Affordable Live Scan located inside of the Farmers Insurance Office 4238 El Cajon Blvd San Diego, CA 92105 (619) 888-0288 <a href="mailto:affordablelivescan@yahoo.com">affordablelivescan@yahoo.com</a> Mobile services are available</p>	<p>Weekdays Appt. only 9:00 am to 5:00 pm</p>	<ul style="list-style-type: none"> <li>• Cash</li> <li>• Credit Cards</li> <li>• Debit Cards</li> </ul>
<p>Alive Scan 2707 Garnet Avenue Suite #3 Pacific Beach, CA 92109 (858) 349-0204 <a href="mailto:info@alivescan.com">info@alivescan.com</a> Mobile services are available</p>	<p>Weekdays Walk-Ins &amp; Appointments 10:00 am to 5:00 pm</p>	<ul style="list-style-type: none"> <li>• Cash</li> <li>• Checks</li> <li>• Credit Cards</li> <li>• Debit Cards</li> </ul>

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## Live Scan Referral Information

<p>San Diego Livescan (LA MESA/EAST COUNTY) 8900 Grossmont Blvd Suite 4-2La Mesa, CA 91941 (619) 597-6657 <a href="mailto:sdlivescan@gmail.com">sdlivescan@gmail.com</a> Mobile services are available</p>	<p>MON-FRI 9:30AM-4:30PM  ****SATURDAY 10AM-12PM****  NO APPOINTMENT NECESSARY AT ALL LOCATIONS</p>	<ul style="list-style-type: none"><li>• Cash</li><li>• Credit Cards</li><li>• Debit Cards</li><li>• Money Order</li></ul>
<p>San Diego Livescan (CLAIREMONT/SAN DIEGO) 9590 CHESAPEAKE DR, SUITE 122 SAN DIEGO, CA 92123 619-627-7047 <a href="mailto:sdlivescan@gmail.com">sdlivescan@gmail.com</a> Mobile services are available</p>	<p>MON-FRI 9:30AM-4:30PM  NO APPOINTMENT NECESSARY AT ALL LOCATIONS</p>	<ul style="list-style-type: none"><li>• Cash</li><li>• Credit Cards</li><li>• Debit Cards</li><li>• Money Order</li></ul>

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